

Information & Instructions: Client Information Form for a Termination or an Adoption

PREVIEW

1. This form is a client intake form that may be used to obtain the information necessary to prepare the documents necessary to handle an adoption or termination.

PLEASE DO NOT COPY

THIS DOCUMENT

THANK YOU

LegalFormsForTexas.Com

Form: Client Information Form for a Termination or an Adoption

PREVIEW
Information Petitioner (father):

Petitioner Father

Full Name: _____

Age: _____ Birth Date: _____ Race: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Email Address: _____

Pager: _____

Social Security #: _____

Driver's License #: _____ Issuing State: _____

Birth Place of Petitioner Mother (City/County/State): _____

List of Residences

Last 5 Years

Dates

From: _____ To: _____

Street: _____

City/State/Zip: _____

Dates

From: _____ To: _____

Street: _____

LegalFormsForTexas.Com

PLEASE DO NOT COPY

THIS DOCUMENT

THANK YOU

City/State/Zip: _____

PREVIEW

Petitioner Father's Current Employment

Employer: _____

Street: _____

City/State/Zip: _____

Phone: (____) _____

Occupation:

PLEASE DO NOT COPY

Hours: _____ Income: _____

Employment Date of Birth of Adoptive Child

Adoptive Child's Birth Date: _____

Employer DOB of Child: _____

Occupation DOB of Child: _____

Adoptive Child's Race:

THIS DOCUMENT

Petitioner Father's Race: _____

Petitioner Mother's Information (please provide as much information as you know in blank spaces below):

THANK YOU

LegalFormsForTexas.Com

PREVIEW

Petitioner Mother

Full Name: _____

Age: _____ Birth Date: _____ Race: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Email Address: _____

Pager: _____

Social Security #: _____

Driver's License #: _____ Issuing State: _____

List of Residences

Last 5 Years

Dates

From: _____ To: _____

Street: _____

City/State/Zip: _____

Dates

From: _____ To: _____

Street: _____

City/State/Zip: _____

LegalFormsForTexas.Com

Petitioner Mother's Employment

PREVIEW

Employer: _____

Street: _____

City/State/Zip: _____

Phone: (____) _____

Employment Date of Birth of Adoptive Child

Adoptive Child's Birth Date:

PLEASE DO NOT COPY

Employer DOB of Child: _____

Occupation DOB of Child: _____

Adoptive Child's Race: _____

Adoptive Children's Information (fill in as much information as you know):

THIS DOCUMENT

THANK YOU

LegalFormsForTexas.Com

PREVIEW

Adoptive Child

Full Name: _____

Street: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Sex: _____

Age: _____

Birth Date: _____

Birth Place (city, county, state): _____

Social Security #: _____

Driver's License #: _____

Name of School: _____

Street: _____

City/State/Zip: _____

Year in School: _____

Average Grade Point: _____

Extra-Activities: _____

LegalFormsForTexas.Com

PREVIEW

Employment: _____

Street: _____

City/State: _____

Earnings Past 12 Months: _____

List of Residences

Last 5 Years

Dates

PLEASE DO NOT COPY

From: _____ To: _____

Street: _____

City/State/Zip: _____

Dates

From: _____ To: _____
THIS DOCUMENT

Street: _____

City/State/Zip: _____

Dates

From: _____ To: _____

Street: _____

City/State/Zip: _____

THANK YOU

Dates

From: _____ To: _____

Street: _____

City/State/Zip: _____
LegalFormsForTexas.Com

Adoptive Child

PREVIEW

Full Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Sex: _____ Age: _____ Birth Date: _____

Birth Place (city, county, state): _____

Social Security #: _____

Driver's License #: _____

Name of School: _____

Street: _____

City/State/Zip: _____

Year in School: _____

Average Grade Point: _____

Extra-Activities: _____

Employment: _____

Street: _____

City/State: _____

Earnings Past 12 Months: _____

List of References

LegalFormsForTexas.Com

PLEASE DO NOT COPY

THIS DOCUMENT

THANK YOU

Last 5 Years

PREVIEW

Dates

From: _____ To: _____

Street: _____

City/State/Zip: _____

Dates

From: _____ To: _____

Street: _____

City/State/Zip: _____

Dates

From: _____ To: _____

Street: _____

City/State/Zip: _____

Dates

From: _____ To: _____

Street: _____

City/State/Zip: _____

Information on Biological Father

Full Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: LegalFormsForTexas.Com

PLEASE DO NOT COPY

THIS DOCUMENT

THANK YOU

Race: _____ Age: _____ Birth Date: _____

Place of Birth (City/County/State): _____

Social Security #: _____

Driver's License #: _____ State: _____

Occupation: _____

Employer: _____

Street: _____

City/State/Zip: _____

Information on Biological Mother

Full Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____

Race: _____ Age: _____ Birth Date: _____

Place of Birth (City/County/State): _____

Social Security #: _____

Driver's License #: _____ State: _____

Occupation: _____

Employer: _____

Street: _____

City/State/Zip: _____

Biological Father's Name: _____

LegalFormsForTexas.Com

PREVIEW

PLEASE DO NOT COPY

THIS DOCUMENT

THANK YOU

Full Name: _____

PREVIEW

Street: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____

Race: _____ Age: _____ Birth Date: _____

Place of Birth (City/County/State): _____

PLEASE DO NOT COPY

Social Security #: _____

Driver's License #: _____

Occupation: _____

Employer: _____

Street: _____

City/State/Zip: _____

THIS DOCUMENT

Biological Father's Mother

Full Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____

THANK YOU

Race: _____ Age: _____ Birth Date: _____

Place of Birth (City/County/State): _____

Social Security #: _____

Driver's License #:

LegalFormsForTexas.Com

Occupation: _____

PREVIEW

Employer: _____

Street: _____

City/State/Zip: _____

Biological Mother's Father

Full Name: _____

Street: _____

PLEASE DO NOT COPY

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____

Race: _____ Age: _____ Birth Date: _____

Place of Birth (City/County/State): _____

Social Security #: _____

THIS DOCUMENT

Driver's License #: _____

Occupation: _____

Employer: _____

Street: _____

City/State/Zip: _____

Biological Mother's Mother

THANK YOU

Full Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Country: _____

LegalFormsForTexas.Com

Phone: _____
Race: _____ Age: _____ Birth Date: _____

PREVIEW

Place of Birth (City/County/State): _____

Social Security #: _____

Driver's License #: _____

Occupation: _____

Employer: _____

Street: _____

PLEASE DO NOT COPY

City/State/Zip: _____

Adopting Mother's Other Children Born or Adopted by Her:

THIS DOCUMENT

THANK YOU

First Child

First Name: _____

Age: _____ Sex: _____ Birth Date: _____
LegalFormsForTexas.Com

Birth Place (City/County/State/Country):

PREVIEW

Current Address (Street/City/State/Zip):

Mother's Address on the Date of Child's Birth (Street/City/State/Zip):

Second Child

First Name:

PLEASE DO NOT COPY

Age: _____ Sex: _____ Birth Date: _____

Birth Place (City/County/State/Country):

Current Address (Street/City/State/Zip):

THIS DOCUMENT

Mother's Address on the Date of Child's Birth (Street/City/State/Zip):

Client Questions

Have you been represented by another attorney in this termination/adoption proceeding?

Yes or No _____

If you have, please provide the following information:

Information Request/Prior Attorney

THANK YOU

Answer

Please provide the name of your prior attorney.

LegalFormsForTexas.Com

Information Request/Prior Attorney

Answer

PREVIEW

What is his address?

What is his phone and fax number?

PLEASE DO NOT COPY

Phone: _____
Fax: _____

Please describe the services rendered by your prior attorney.

Does any person or agency have a court ordered relationship with the child?

THIS DOCUMENT

If the above question 3 is answered yes, please provide the following information regarding such person or agency.

Name: _____

Street Address: _____

City/State/Zip: _____

THANK YOU

Phone: _____ Fax: _____

Nature of Relationship: _____

Title of Court Creating Relationship: _____

Name of Presiding Judge: _____

LegalFormsForTexas.Com

Date of Court Order Establishing Relationship: _____

PREVIEW

Cause Number of Case Establishing Relationship: _____

Does any person or agency acted during the child's lifetime as a caretaker or custodian, without an official order or legal custody, of the child or children? _____

If the answer to question 6 is in the affirmative, please provide the following information regarding each caretaker or custodian of the child or children known to you:

Name: _____

PLEASE DO NOT COPY

Street Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Nature of Relationship: _____

Date or Period of Time when Said Person/Agency had care of the Child or Children:

THIS DOCUMENT

Can you think of any other person who should be served with citation in a case concerning the child or children who should be given notice or served with citation in this cause?

_____ (Yes or No)

Please provide the following information concerning said person or agency:

Name: _____

THANK YOU

Street Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Nature of Relationship: _____

LegalFormsForTexas.Com

Date or Period of Time when Said Person/Agency had care of the Child or Children:

PREVIEW

Has the attorney general ever been involved in any proceeding involving the child or the parents of the child or children the subject of these proceedings? _____ (Yes or No)

If the attorney general has been involved, please provide any information you may know in regards to the following:

PLEASE DO NOT COPY
Name of Assistant Attorney General: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Nature of Case: _____

Date or Period of Time when Said Case was Considered: _____

THIS DOCUMENT
District or County Court Number: _____

Cause Number: _____

Judge Presiding: _____

Does the child or children own any property? _____ (Yes or No)

If the child or children do, please list the property and estimate the current fair market value in the following table:

THANK YOU
Description of Property _____ Current Value _____

LegalFormsForTexas.Com

PREVIEW

Have the child or children had their parental rights terminated with any parent?

(Yes or No)

PLEASE DO NOT COPY
If so, please give the following information:

County of Termination: _____ District or County Court Number: _____

Name of Presiding Judge: _____

Cause Number: _____ Date of Termination: _____

THIS DOCUMENT

Name of Terminated Parent or Parents: _____

Do you have a certified copy of the termination order? _____ (Yes or No)

Please give the date when the child or children to be adopted commenced to live with the persons seeking to adopt the child?

THANK YOU

Did you know that if your child is 12 years old or older, that the law requires the child or children 12 years of age or older, to consent to the adoption, unless the court finds that it is in the best interest of such child or children to waive such consent requirement? _____

LegalFormsForTexas.Com

If your child or children are over the age of 12, will they consent to the adoption? _____

(Y/N)

PREVIEW

If the child or children would not consent to the adoption, what grounds would you present to the court to persuade the court to waive the consent requirement? _____

PLEASE DO NOT COPY

THIS DOCUMENT

THANK YOU

LegalFormsForTexas.Com